

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>OS/AB</i>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>EW</i>	949	10/26/07
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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8029-10/26

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